Veterans Health Care
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1: Am J Hosp Palliat Care 2003 Mar-Apr;20(2):99-104
A longitudinal study of attitudes toward physician-assisted suicide and euthanasia among patients with noncurable malignancy.
Pacheco J, Hershberger PJ, Markert RJ, Kumar G.
This longitudinal study investigated whether attitudes toward physician-assisted suicide (PAS) and euthanasia (E) are stable among patients with noncurable malignancy, and whether depression and various coping strategies were related to such attitudes. Thirty patients with noncurable malignancies completed questionnaires measuring attitudes toward PAS and E, depression, and coping. Three months later, and subsequently at six-month intervals, repeated measures were obtained from 24 patients. There was a trend for patients to become less supportive of legalizing PAS and E from the initial to last attitude measurement. Depression was unrelated to attitude change. There were significant changes on two coping dimensions: use of social support for emotional reasons and use of religious resources. Our findings should be considered in clinical, legislative, and ethical debates.
PMID: 12693641

2: Am J Med 2003 Apr 1;114(5):404-7
Computer-based order entry decreases duration of indwelling urinary catheterization in hospitalized patients.
Cornia PB, Amory JK, Fraser S, Saint S, Lipsky BA.
PMID: 12714131

3: Am J Public Health 2003 Apr;93(4):624-30
Symptom patterns among Gulf War registry veterans.
Hallman WK, Kipen HM, Diefenbach M, Boyd K, Kang H, Leventhal H, Wartenberg D.
OBJECTIVES: We identify symptom patterns among veterans who believe they suffer from Gulf War-related illnesses and characterize groups of individuals with similar patterns. METHODS: A mail survey was completed by 1161 veterans drawn from the Gulf War Health Registry. RESULTS: An exploratory factor analysis revealed 4 symptom factors. A K-means cluster analysis revealed 2 groups: (1) veterans reporting good health and few moderate/severe symptoms, and (2) veterans reporting fair/poor health and endorsing an average of 37 symptoms, 75% as moderate/severe. Those in Cluster 2 were more likely to report having 1 or more of 24 medical conditions. CONCLUSIONS: These findings are consistent with previous investigations of symptom patterns in Gulf War veterans. This multisymptom illness

may be more fully characterized by the extent, breadth, and severity of symptoms reported.
PMID: 12660208

4: Anesth Analg 2003 May;96(5):1432-46, table of contents
A demographic, service, and financial survey of anesthesia training programs in the United States.
Tremper KK, Barker SJ, Gelman S, Reves JG, Saubermann AJ, Shanks AM, Greenfield ML, Anderson ST.
In February 2000, a demographic, service, and finance survey was sent to the directors of anesthesiology training programs in the United States under the auspices of the Society of Academic Anesthesia Chairs/Association of Academic Program Directors. In August of 2000, 2001, and 2002, shorter follow-up surveys were sent to the same program directors requesting the numbers of vacancies in faculty positions and certified registered nurse anesthetists (CRNA) positions. The August 2001 survey also inquired if departments had positive or negative financial margins for the fiscal year ending June 2001. The August 2002 survey included the questions of the 2001 survey and additionally asked if the departments had had an increase or decrease in institutional support and the amount of that current support. The survey results revealed that the average program had 36 anesthetizing locations and 36 faculty. Those faculty spent 69% of their time providing clinical service. Approximately one-half of the departments paid for some of their residents, whereas the other 50% paid for none. Eighty-five percent of the departments employed CRNAs who were funded by the hospital in one third of the departments. In 2000, departments received $34,319/yr in support per faculty full-time equivalent (FTE) from their institutions and had a mean revenue of 407,000/yr/faculty FTE. In 2002, the department's institutional support per FTE increased to $59,680 (a 74% increase since 2000). The departments in academic medical centers paid 20% in overhead expenses, whereas departments in nonacademic medical centers paid 10%. In 2000, 2001, and 2002, the percentage of departments with positive margins was 53%, 53%, and 65%, respectively, whereas the departments with a negative margin decreased from 44% in the year 2000 to 38% in 2001 and 33% in 2002. For the departments with a positive margin, the amount of margin per FTE over this 3-yr period was approximately $50,000, $15,000, and $30,000, respectively. Although the percentage of departments with a negative margin has been decreasing, the negative margin per FTE seems to be increasing from approximately $24,000 to $43,000. The number of departments with open faculty positions has decreased from 91.5% in the year 2000 to 83.5% in 2001 and 78.4% in 2002; in these departments, the number of open faculty positions has also decreased from 3.8 in 2000 to 3.9 in 2001 to 3.4 in 2002. The number of open CRNA positions seems to have been relatively constant with approximately two thirds of the departments requiring an average of approximately four CRNAs each. Overall, academic anesthesiology departments fiscal security seems to have eroded with an increased dependence on institutional support. Departments pay larger overhead rates relative to private practice, and there seems to be a continued, but possibly decreasing, shortage of faculty. IMPLICATIONS: A survey was conducted of anesthesia training program directors that demonstrated that their departments' financial conditions have been eroding over the years 2000 to 2002. During this same period of time, departments were receiving an increase in institutional support from $34,319/full-time equivalent (FTE) faculty in the year 2000 to $59,680/FTE in the year 2002. Although there seems to be an approximate 10% shortage in academic faculty, the number of departments with open positions has progressively decreased from 91% to 73% over the past 3 yr. On average, the financial condition of the training departments has deteriorated over the past 3 yr despite a significant

increase in institutional support to enable departments to recruit and retain faculty in an era of an apparent national shortage of anesthesiologists.
PMID: 12707147

5: Arch Intern Med 2003 Apr 14;163(7):821-9
Two brief alcohol-screening tests From the Alcohol Use Disorders Identification Test (AUDIT): validation in a female Veterans Affairs patient population.
Bradley KA, Bush KR, Epler AJ, Dobie DJ, Davis TM, Sporleder JL, Maynard C, Burman ML, Kivlahan DR.
BACKGROUND: Primary care physicians need a brief alcohol questionnaire that dentifies hazardous drinking and alcohol use disorders. The Alcohol Use Disorders Identification Test (AUDIT) questions 1 through 3 (AUDIT-C), and AUDIT question 3 alone are effective alcohol-screening tests in male Veterans Affairs (VA) patients, but have not been validated in women. METHODS: Female VA patients (n = 393) completed self-administered questionnaires, including the 10-item AUDIT and a previously proposed modification to AUDIT question 3 with a sex-specific threshold for binge drinking (>/=4 drinks/occasion), and in-person interviews with the Alcohol Use Disorder and Associated Disabilities Interview Schedule. The AUDIT-C, AUDIT question 3 alone, and the 10-item AUDIT were each evaluated with and without the sex-specific binge question and compared with past-year hazardous drinking (>7 drinks/week or >/=4 drinks/occasion) and/or active Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition alcohol abuse or dependence, based on interviews. RESULTS: Eighty-nine women (22.6%) met interview criteria for past-year hazardous drinking and/or active alcohol abuse or dependence. Standard and sex-specific AUDIT-Cs were sensitive (0.81 and 0.84, respectively) and specific (0.86 and 0.85, respectively). Their areas under the receiver operating characteristic curves were equivalent (0.91, and 0.92, respectively) and slightly higher than for the standard 10-item AUDIT (0.87). A single, sex-specific question about binge drinking (modified AUDIT question 3) had a sensitivity of 0.69 and specificity of 0.94, whereas the standard AUDIT question 3 was specific (0.96) but relatively insensitive (0.45). CONCLUSIONS: The standard and sex-specific AUDIT-Cs are effective screening tests for past-year hazardous drinking and/or active alcohol abuse or dependence in female patients in a VA study.
PMID: 12695273

6: Arch Pathol Lab Med 2003 Apr;127(4):415-23
Factors affecting transfusion of fresh frozen plasma, platelets, and red blood cells during elective coronary artery bypass graft surgery.
Covin R, O'Brien M, Grunwald G, Brimhall B, Sethi G, Walczak S, Reiquam W, Rajagopalan C, Shroyer AL.
CONTEXT: The ability to predict the use of blood components during surgery will improve the blood bank's ability to provide efficient service. OBJECTIVE: Develop prediction models using preoperative risk factors to assess blood component usage during elective coronary artery bypass graft surgery (CABG). DESIGN: Eighty-three preoperative, multidimensional risk variables were evaluated for patients undergoing elective CABG-only surgery. MAIN OUTCOMES MEASURES: The study endpoints included transfusion of fresh frozen plasma (FFP), platelets, and red blood cells (RBC). Multivariate logistic regression models were built to assess the predictors related to each of these endpoints. SETTING: Department of Veterans Affairs (VA) health care system. PATIENTS: Records for 3034 patients undergoing elective CABG-only procedures; 1033 patients received a blood component transfusion during CABG. RESULTS: Previous heart surgery and decreased ejection fraction were significant predictors of transfusion for all blood components. Platelet count was

predictive of platelet transfusion and FFP utilization. Baseline hemoglobin was a predictive factor for more than 2 units of RBC. Some significant hospital variation was noted beyond that predicted by patient risk factors alone. CONCLUSIONS: Prediction models based on preoperative variables may facilitate blood component management for patients undergoing elective CABG. Algorithms are available to predict transfusion resources to assist blood banks in improving responsiveness to clinical needs. Predictors for use of each blood component may be identified prior to elective CABG for VA patients.
PMID: 12683868

7: J Appl Meas 2003;4(1):59-69
Measurement precision of the clinician administered PTSD scale (CAPS): a RASCH model analysis.
Betemps EJ, Smith RM, Baker DG, Rounds-Kugler BA.
The Clinician Administered PTSD Scale (CAPS), originally developed as a diagnostic tool, is frequently used to evaluate treatment responses. Defining a case and measuring symptom changes are different processes that require different attributes for the instrument. Measuring symptom changes requires precision in measurement. Using the Rasch rating scale model, we evaluated this instrument for construct validity in a veteran sample. The distribution of the veteran measures did not align with the distribution of the item measures in the CAPS instrument. Separate analysis of the CAPS Frequency subscale and Intensity subscale were conducted. The Frequency subscale produced measures that encompassed the level of severity found in the veteran sample. Items from this instrument can be used to develop an equal interval scale to provide precise measurements for treatment evaluations and to identify clinical cut points for diagnostic purposes.
PMID: 12700431

8: J Behav Health Serv Res 2003 Apr-Jun;30(2):145-60
Trends in acute mental health care: comparing psychiatric and substance abuse treatment programs.
Timko C, Lesar M, Calvi NJ, Moos RH.
This study compared psychiatric and substance abuse acute care programs, within both inpatient and residential modalities of care, on organization and staffing, clinical management practices and policies, and services and activities. A total of 412 (95% of those eligible) Department of Veterans Affairs' programs were surveyed nationwide. Some 40% to 50% of patients in psychiatric and substance abuse programs, in both inpatient and residential venues of care, had dual diagnoses. Even though psychiatric programs had a sicker patient population, they provided fewer services, including basic components of integrated programs, than substance abuse programs did. Findings also showed that there is a strong emphasis on the use of clinical practice guidelines, performance monitoring, and obtaining client satisfaction and outcome data in mental health programs. The author's suggest how psychiatric programs might better meet the needs of acutely ill and dually diagnosed patients (e.g., by incorporating former patients as role models and mutual help groups, as substance abuse programs do; and by having policies that balance patient choice with program demand).
PMID: 12710369

9: J Behav Health Serv Res 2003 Apr-Jun;30(2):202-14
Continuity of care and clinical effectiveness: treatment of posttraumatic stress disorder in the Department of Veterans Affairs.

Greenberg GA, Rosenheck RA, Fontana A.
Evaluation of the quality of outpatient treatment for patients with severe psychiatric or addictive disorders has often focused on the assessment of continuity of care (COC) as measured with administrative data. However, there has been little empirical evaluation of the relationship of measures of COC and treatment outcomes. This study used hierarchical linear modeling to examine the relationship between 6 indicators of COC and 6 outcome measures in a multisite monitoring effort for veterans with war-related posttraumatic stress disorder. There were few consistently significant associations between COC and outcome measures. Although measures of COC at the level of individual patients were associated with reductions in substance abuse symptoms, when COC measures were averaged to the site level and examined with hierarchical linear modeling models, thereby reducing the impact of intrasite selection bias, they were not associated with any desired outcomes. COC measures, at least in the sample used for this study, are not consistently associated with desirable client outcomes and may therefore be less than ideal performance measures in outcome evaluations following inpatient treatment, except to the extent that COC is considered to be an intrinsic indicator of higher quality regardless of its relationship to outcomes.
PMID: 12710373

10: J Dent Educ 2003 Mar;67(3):328-36
Analysis of federal support for postgraduate general dentistry.
Atchison KA, Mito RS, Lefever KH, McCauley KR, Lin S, Engelhardt R, Gutierrez JJ.
We compared the funding granted by the federal government between 1985 and 1997 to stimulate the growth of AEGD and GPR programs across HRSA regions, states, and populations. Information regarding the number, size, and location of programs available during the time period of 1985 to 1997 was collected. During this period, although the number of programs remained constant, the composition of the programs changed, with AEGD programs increasing by 113 percent and GPR programs decreasing by 13 percent. HRSA Regions 2, 3, and 5 combined offered over 50 percent of all programs. The number of residency positions rose by 28 percent in civilian programs and dropped by 11 percent in Veterans and Military (VA/M) positions. Overall growth in AEGD positions increased 208 percent, while the civilian GPR positions remained constant and the number of VA/M GPR positions dropped by 30 percent. A higher percentage increase in programs occurred in cities of greater than 500,000 population than in less densely populated areas. HRSA spent dollar 41,254,501 in the thirteen-year time frame, and funding by region varied by over a hundredfold. Programs in the least dense population groups were often the least funded. There was great variability in the amount of HRSA money received by state, with fifteen states receiving no funding during the thirteen years. Without HRSA dollars, it is apparent that the postgraduate general dental training program would not have gained the vitality it currently offers. However, attention must be paid to developing programs among states with a lack of infrastructure in dental education and training.
PMID: 12665062

11: J Int Neuropsychol Soc 2003 Mar;9(3):407-18
Olfactory functioning in Gulf War-era veterans: relationships to war-zone duty, self-reported hazards exposures, and psychological distress.
Vasterling JJ, Brailey K, Tomlin H, Rice J, Sutker PB.
To explore possible neurotoxic sequelae of Gulf War (GW) participation, olfactory identification performance, neurocognitive functioning, health perceptions, and

emotional distress were assessed in 72 veterans deployed to the GW and 33 military personnel activated during the GW but not deployed to the war zone. Findings revealed that war-zone-exposed veterans reported more concerns about health, cognitive functioning, and depression than did their counterparts who did not see war-zone duty. There was no evidence that performances on olfactory or neurocognitive measures were related to war-zone duty or to self-reported exposure to GW toxicants. However, symptoms of emotional distress were positively correlated with self-report of health and cognitive complaints. Results do not provide support for the hypothesis that objectively-measured sensory (i.e., olfactory) or cognitive deficits are related to war-zone participation but do underscore the increasingly demonstrated association between self-reported health concerns and symptoms of emotional distress.
PMID: 12666765

12: J Palliat Med 2003 Feb;6(1):11-7
The utilization of physical therapy in a palliative care unit.
Montagnini M, Lodhi M, Born W.
BACKGROUND: In the supportive oncology and palliative care settings, rehabilitation interventions are often overlooked and underutilized, despite high levels of functional disability in these patients. As a result, little is known about the utilization or effectiveness of rehabilitation interventions in palliative care populations. OBJECTIVE: To assess the utilization of physical therapy (PT) in a hospital-based palliative care unit, to characterize functional disabilities in patients who received PT, and to identify factors related to functional improvement following a course of PT. METHODS: Retrospective chart review of 100 patients (mean age 70 years, 97% male) discharged from the Milwaukee Veterans Hospital Palliative Care unit over 15 months. Activities of daily living (ADL) performance scores were recorded on admission, at 2 weeks, and at completion of the PT program and correlated with demographic and disease-related variables. RESULTS: Thirty-seven patients received a formal PT assessment, and 18 patients underwent PT. The most common functional disabilities in patients who received PT were deconditioning, pain, imbalance, and focal weakness. Ten patients demonstrated improvement in ADL function at 2 weeks. Six patients completed the course of PT. Albumin was significantly correlated with functional improvement. When controlling for albumin, patients with diagnosis of dementia were more likely to show improvement in functional status than patients without a dementia diagnosis. CONCLUSION: PT assessment and utilization were uncommon in this group. When utilized, PT benefited 56% of patients. Factors related to functional improvement following a PT course were a higher albumin level and a diagnosis of dementia. Prospective trials of PT in palliative care patients are needed to better define response rate and predictors of response.
PMID: 12710571

13: J Rural Health 2003 Spring;19(2):105-8
Veterans' system-of-care preferences for percutaneous transluminal coronary angioplasty in a rural setting.
Weeks WB, O'Rourke DJ, Ryder LB, Straw MM.
CONTEXT: In the Veterans Health Administration (VHA), regionalization of high-technology health care services may influence veterans who live far from referral centers to obtain care locally, through the private sector. PURPOSE: To understand veterans' system-of-care preferences for a high-technology regionalized service. METHODS: The charts of 142 veterans who were referred for percutaneous transluminal coronary angioplasty (PTCA) by their VHA cardiologists were reviewed. FINDINGS: Fifty-two percent of these veterans obtained the procedure outside the

VHA system. Insurance coverage and out-of-pocket costs were strongly associated with veterans' obtaining PTCA outside of the VHA system; travel distance was not. CONCLUSIONS: As the VHA begins to understand veterans' use of multiple systems of care, it will be important to understand the relationship between out-of-pocket costs and the system of care used for high-technology health care services.
PMID: 12696845

14: Jt Comm J Qual Saf 2003 Apr;29(4):199-200, 157
Reducing medication confusion in homebound patients: when the data do not conform to the initial hypothesis.
Neily J, Ogrinc G, Weeks WB.
Visiting nurses often find it difficult to reconcile multiple and conflicting medication orders, particularly when more than one physician orders medications. As the authors report, resolving medication order confusion was thought to be very time-consuming--until a team started to collect data.
PMID: 12698810

15: Manag Care Interface 2003 Feb;16(2):34-8
Attitudes of physicians toward formularies and services provided by pharmacists.
Sansgiry SS, Hayes JD, Rice GK.
This study was undertaken to evaluate the attitudes of physicians toward formularies as well as services provided by the pharmacy department in a large integrated delivery system (IDS) with a multispecialty group practice. Surveys were sent to all 282 practitioners in the IDS, requesting information on their use of and satisfaction with the existing printed "Formulary Quick List" (FQL), their satisfaction with pharmacy services, and their attitudes toward formularies in general. A five-point rating scale was used. The response rate was 32%, with the majority from staff physicians. Results indicated that practitioners were very satisfied with the services offered by the pharmacists. Their attitudes toward the FQL were very positive. However, their attitudes toward formularies in general were very negative. There was a significant, negative correlation between attitudes toward formularies in general and attitudes toward pharmacy services, as well as toward the FQL.
PMID: 12647524

16: Med Care 2003 Apr;41(4):536-49
Racial disparities in VA service connection for posttraumatic stress disorder disability.
Murdoch M, Hodges J, Cowper D, Fortier L, van Ryn M.
BACKGROUND: "Service connected" veterans are those with documented, compensative conditions related to or aggravated by military service, and they receive priority for enrollment into the Veterans Affairs (VA) health care system. For some veterans, service connection represents the difference between access to VA health care facilities and no access. OBJECTIVES: To determine whether there are racial discrepancies in the granting of service connection for posttraumatic stress disorder (PTSD) by the Department of Veterans Affairs and, if so, to determine whether these discrepancies could be attributed to appropriate subject characteristics, such as differences in PTSD symptom severity or functional status. RESEARCH DESIGN: Mailed survey linked to administrative data. Claims audits were conducted on 11% of the sample. SETTING AND SUBJECTS: The study comprised 2700 men and 2700 women randomly selected from all veterans filing PTSD disability claims between January 1, 1994 and December 31, 1998. RESULTS: A total of 3337 veterans returned usable surveys, of which 17% were black. Only 16% of

respondents carried private health insurance, and 44% reported incomes of 20,000 US dollars or less. After adjusting for respondents' sociodemographic characteristics, symptom severity, functional status, and trauma histories, black persons' rate of service connection for PTSD was 43% compared with 56% for other respondents (P = 0.003). CONCLUSION: Black persons' rates of service connection for PTSD were substantially lower than other veterans even after adjusting for differences in PTSD severity and functional status.
PMID: 12665717

17: Med Care 2003 Apr;41(4):522-35
In-hospital mortality following coronary artery bypass graft surgery in Veterans Health Administration and private sector hospitals.
Rosenthal GE, Vaughan Sarrazin M, Hannan EL.
OBJECTIVES: Compare severity-adjusted in-hospital mortality in patients undergoing coronary artery bypass graft surgery (CABG) in VA and private sector hospitals in two geographic regions. RESEARCH DESIGN: Retrospective Cohort Study. SUBJECTS: Consecutive male patients undergoing CABG from October 1993 to December 1996 in: 43 VA hospitals with cardiac surgery programs (n = 19,266); 32 hospitals in New York (NY) State (n = 44,247); and 10 hospitals in Northeast (NE) Ohio (n = 9696). METHODS: Demographic and clinical data were abstracted from medical records. Logistic regression analysis identified 10 independent patient-level predictors (P <0.01) of in-hospital mortality: age, prior CABG, angioplasty before CABG, ejection fraction, diabetes, peripheral vascular disease, congestive heart failure (CHF), cerebrovascular disease, renal insufficiency, and chronic obstructive pulmonary disease (COPD). RESULTS: Unadjusted mortality was higher in VA patients than in NY or NE Ohio patients (3.5% vs. 2.0%, and 2.2%, respectively). Mortality decreased (P <0.001) with increasing volume (3.6% in low [<500 cases], 3.0% in moderate [500-1000 cases], and 2.0% in high [>1000 cases] volume hospitals). Median volume was lower in VA than private sector hospitals (410 vs. 1520), and no VA hospitals were classified as high volume. Adjusting for patient-level predictors and volume, the odds of death was higher in VA patients, relative to private sector patients (OR, 1.34; 95% CI, 1.11-1.63; P <0.001). In stratified analyses, the odds of death in VA patients was similar in low volume hospitals (OR, 0.86; P = 0.39), but higher in moderate volume hospitals (OR, 1.50; P = 0.01). CONCLUSIONS: VA hospitals had lower CABG volume than private sector hospitals in NY and NE Ohio, and higher in-hospital mortality. However, the difference in mortality was limited to moderate-volume hospitals. These findings suggest that hospital volume is an important modifier in comparisons of CABG mortality in VA and private sector hospitals. The higher mortality in VA hospitals may, in part, be caused by differences in surgical capacity and patient demand that lead to lower volume cardiac surgery programs.
PMID: 12665716

18. Nature 2003 Apr 17;422(6933):649
Comment in:
Nature. 2003 Apr 17;422(6933):681-7.
Flight records reveal full extent of Agent Orange contamination.
Butler D.
PMID: 12700721

19: Nurs Adm Q 2003 Jan-Mar;27(1):41-57

The reality of virtual learning for nurses in the largest integrated health care system in the nation.
Rick C, Kearns MA, Thompson NA.
The health care network and hospital system within the Department of Veterans Affairs (VA), the Veterans Health Administration (VHA), provides employment to more than 56,000 nursing personnel and serves as clinical education site to countless other nursing and health professional students. Nurse administrators and educators are posed with the challenge of providing an environment in which each nurse is able to gain needed knowledge, learn new skills, and share and communicate this knowledge with other colleagues. The education of nurses improves the health status of veterans while also realizing individual professional enhancement. Regional and cultural diversity of the system present challenges to education, in both delivery and content. VHA's learning organizations, the Employee Education System and the Office of Special Projects, have maximized new technologies and information systems to provide innovative, virtual education opportunities, capitalizing on the benefits of informal and formal learning, thus moving VHA to the forefront in knowledge sharing and dissemination. The Virtual Learning Center, VA Knowledge Network, Learning Catalog, and VA Learning Online provide VHA's nurses with interactive, desktop virtual learning opportunities.
PMID: 12674068

20: OR Manager 2003 Feb;19(2):14-5
Ensuring correct surgery in the Veterans Health Administration.
PMID: 12701605

21: Science 2003 Mar 28;299(5615):1966-7
War in Iraq. Bracing for Gulf War syndrome II.
Enserink M.
PMID: 12663891

22: Stroke 2003 Apr;34(4):999-1004
Comment on:
Stroke. 2003 Apr;34(4):999-1004.
Diagnostic disparities: still exist?
Kenton EJ 3rd.
PMID: 12680394

23: Stroke 2003 Apr;34(4):999-1004
Comment in:
Stroke. 2003 Apr;34(4):999-1004.
Veterans Administration Acute Stroke (VASt) Study: lack of race/ethnic-based differences in utilization of stroke-related procedures or services.
Goldstein LB, Matchar DB, Hoff-Lindquist J, Samsa GP, Horner RD.
BACKGROUND AND PURPOSE: Race/ethnic-based disparities in the utilization of health-related services have been reported. Data collected as part of the Veterans Administration Acute Stroke Study (VASt) were analyzed to determine whether similar differences were present in patients admitted to Veterans Administration (VA) hospitals with acute ischemic stroke. METHODS: VASt prospectively identified stroke patients admitted to 9 geographically separated VA hospitals between April 1995 and March 1997. Demographic characteristics and all inpatient diagnostic tests/procedures were recorded. Frequencies were compared with chi2 tests.

RESULTS: Of 1073 enrolled patients, 775 (white, n=520; nonwhite, n=255, including 226 blacks and 28 Hispanic-Americans) with ischemic stroke were admitted from home. Mean ages (71.0+/-0.6 versus 71.9+/-0.4 years; P=0.25) and Trial of ORG 10172 in Acute Stroke Treatment (TOAST) stroke types (atherothrombotic, 12.9% versus 13.3%; cardioembolic, 16.5% versus 18.0%; lacunar, 26.4% versus 27.1%; other, 1.4% versus 2.0%; unclassified, 42.9% versus 39.6%; P=0.89) for whites versus nonwhites were similar. There were no race/ethnic-based differences in the utilization of brain CT (91.0% versus 92.2%; P=0.58), MRI (36.2% versus 41.6%; P=0.14), transthoracic (52.5% versus 53.7%; P=0.75) or transesophageal echocardiography (10.2% versus 10.6%; P=0.86), 24-hour ECG (3.3% versus 1.6%; P=0.17), carotid ultrasound (64.0% versus 62.0%; P=0.57), carotid endarterectomy (1.5% versus 0.8%; P=0.38), rehabilitation evaluations (71.0% versus 76.5%; P=0.11), speech therapy (9.6% versus 12.6%; P=0.21), recreational therapy (3.1% versus 2.0%; P=0.37), or occupational therapy (16.0% versus 19.6%; P=0.20) for whites versus nonwhites, respectively. Angiography was performed less frequently (3.1% versus 8.5%; P=0.01) and ECG more frequently (81.6% versus 73.5%; P=0.01) in nonwhites. The proportions of patients discharged functionally independent were also similar (52% of whites and 50% of nonwhites had discharge Rankin Scale scores of 0, 1, or 2; P=0.63). CONCLUSIONS: Aside from cerebral angiography and ECG, there were no race/ethnic-based disparities in the utilization of a variety of stroke-related procedures and services. The difference in the use of angiography is unlikely to be related to a difference in screening for carotid endarterectomy because there was no difference in the frequency of carotid ultrasonography. The reason ECG was obtained more frequently in nonwhites is uncertain.
PMID: 12649513

24: Telemed J E Health 2003 Spring;9(1):81-8
Making the right connection: matching patients to technology.
Ryan P, Kobb R, Hilsen P.
Although technology has sometimes been the cause of rising healthcare costs, telemedicine technology has been proposed as a means to increase productivity in the workplace and reduce resource utilization for high-risk populations. The Veterans Health Administration (VHA) in April of 2000, implemented an expansive telemedicine technology initiative in its Sunshine Network, covering veterans in south Georgia, Florida, Puerto Rico, and the Virgin Islands through the Community Care Coordination Service (CCCS). The initiative uses home telehealth technology to support veteran healthcare. Choosing appropriate tools to enhance care coordination and matching technology to specific patient needs was vital to the success of the CCCS model. A technology algorithm was developed across the Network initiative and grew out of a need to identify and benchmark best practices. An evaluation methodology developed by a health economist and his research team at the University of Maryland was used to determine patient satisfaction with technology and functional status through a validated instrument. Outcomes were for 791 chronic medical and 120 mental health patients. Patient satisfaction was extremely high, patients used technology without difficulty and acceptance was greater than expected. Patients' perception of health as surveyed with the functional status instrument showed improved perception in many factors including pain, physical, and social functioning.
PMID: 12699611